

401 Congress Ave., Suite 1540 Austin, Texas 78701 (512) 693-7570 bill@cobbxcounsel.com

April 5, 2019

jpriest@vicad.com Jessica Priest Victoria Advocate

Re: April 5, 2019 Texas Public Information Act Request

Ms. Priest:

By email dated April 5, 2019, you requested a copy of "all the port board candidates campaign finance reports."

The information responsive to this request is attached.

Sincerely,

Bill Cobb

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.	(2	6
3 CANDIDATE / OFFICEHOLDER	ms/mms/mm first Mr. Jasper	мі А.	OFFICE USE ONLY
NAME	MI. Dasper		Date Received
	NICKNAME LAST	SUFFIX	
	Jay Cuellar	Jr.	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	108 Boston St. Port La	vaca TX 77979	
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(361) 676-5838		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Jasper	A.	Date Processed
	ыскымы tast Jav Cuellar	suffix Jr.	Date Imaged
	Jay Cuellar	01.	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt / sl 108 Boston St. I	uite#; city; state; Port Lavaca TX	zip code 77979
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 676-5838	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
GOVERED	02 / 10 / 2019	THROUGH 04	/ 04 /2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	
	05 04 2019 X General	Description Special	
	OSSIGN USE DO AN AND A	13 OFFICE SOUGHT (if known	
12 OFFICE	OFFICE HELD (if any)	19 OUNC SOORE (ILKIOWI	<i>,</i>
	N/A	Calhoun Port Commissio	Authority District 2
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Ja	sper "Jay"	Cuellar Jr.	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,026.31
CONTRIBUTION BALANCE	5. TOTAL I	AY \$ 100.00	
OUTSTANDING LOAN TOTALS	6. TOTAL I LAST D	\$ 1,026.31	
18 AFFIDAVIT			<u>`</u>
Nota My	RRY LYNN SVETI ry Public, State of Ter Commission Expire AUGUST 19, 2019	under Title 15,/Election Code.	rjury, that the accompanying report is nation required to be reported by me
AFFIX NOTARY STAM	IP/SEALABOVE	Signature of Candi	date or Officeholder
Ì		4 10 11 4	this the
Sworn to and subsc	ribed before me,	by the said <u>Jasper Tay Cuellar Tr</u> to certify which, witness my hand and seal of office.	this the 4
Sherryo	lynn Du	the Sherry Lynn Svetlik	Bank Officer
Signature of office a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILERNAME Jasper "Jay" Cuellar Jr. 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 1,026.31
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,026.31
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jasper "Jay" Cuellar Jr	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#: Dr. Jerry Pentecost 6 Contributor address; City; State; Zip Code PO Box 586 Point Comfort TX 77978	\$100.00
8 Principal occupation / Job title (See Instructions) Medical Doctor / Retired 9 Employer (See Instructions) Self-em	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See In	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See In	structions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jasper "Jay" Cuellar Jr. 4 TOTAL OF UNITEMIZED LOANS \$ -0-5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:___ Jasper "Jay" Cuellar Jr. 1,026.31 3/29/2019 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial 0% Institution? 108 Boston St. Port Lavaca, TX 77979 11 Maturity date N/A 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Human Resource Manager Seadrift Coke L.P. 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION Zip Code 18 Guarantor address: City; State: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ Interest rate Is lender City; State; Zip Code Lender address: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; Guarantor address; State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal Occupation (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overheadt/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Candidate/Officeholder/Politica Credit Card Payment	at Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jasper "Jay" Cuellar Jr	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2019	5 Payee name Eclipse Tinting & Signs	
6 Amount (\$) \$1,026.31	7 Payee address; City; State; Zip Code. PO Box 1710 Port Lavaca, TY 86 Konrad Rd.	X 77979
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 4'X 8' Signs and Yard Signs
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	DE LA GARCA		4-3-19
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7001E00 / 10 200/	CITY; STATE; ZIP CODE	
Change of Address	101 BLACKSTONE PLC. PO	RTLAVACA, TX 77979	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 652-7905	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	A	Date Processed
	PAM DELAGARZ	4	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
(Residence or Business)		Or are alload with	4404B
	101 BLACKSTONE PLC.		77917
8 CAMPAIGN TREASURER PHONE	(361) 482-7810	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1/18/19	типоцен 4/	4/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 5 / 4 / 19 Genera	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOW) CO ALHOUN CO	OUNTY PORT AUTH
	GO TO	PAGE 2	

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	· · · · · · · · · · · · · · · · · · ·		
14 C/OH NAME			Filer ID (Ethics Commission Filers)
16 NOTICE FROM	LUIS DE L	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITE	JRES MADE BY POLITICAL COMMITTEES TO
POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			,
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	* 437.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 437.00 \$ 1637.00
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 203.83	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 936.02
CONTRIBUTION BALANCE	5. TOTAL OF REF	\$ \$35.63	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
Notari Comi	DREA HERNANDEZ y Public, State of Tex m. Expires 11-05-20: totery ID 2173640	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAN	cribed before me,	by the said Lus Delk GARLY to certify which, witness my hand and seal of office.	, this the 30 Hb
day of MANCH Signature of officer		Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)	
	LUIS DELA GARZA		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1637.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 182.13
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 936.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	* O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 142.70
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 289,50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ <i>O</i>

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) PAMDE LAGARZA Gontributor address; City; State; Zip Code 3-1-19 101 BLACKSTONE PLC, PORTLANACA, TX 77049 500.00 8 Principal occupation / Job title (See Instructions) MANAGER/APTS 5 ELF out-of-state PAC (ID#:_____) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 3-1-19 1130 S. VIRGINIAST., PORTLAUNCH, TX77979 500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF CONSULTANT FIRM out-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) LUPE SALAZAR Contributor address; City; State; Zip Code 3-8-19 14/1) JUSTICE, PORTLANACA, TX 17979 50,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) MAINT. WORKER IBC BANK Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) CONTINUOUS ALDIVAR Contributor address; City; State; Zip Code 3-8-19 305 DAVISAVE. PORT LAVACA, TX 77979 20.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Home Health Asst. Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LUIS DE LAGARZA 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID#:_____ TYLER DE LA GARZA 6 Contributor address; City; State; Zip Code 4-1-19 | 1612 AVALOW, PORTLAVACA, TX 77979 | 100.00 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) FORMOSA FORMOSA TRAIN Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date LINDA COALVAN Contributor address; City; State; Zip Code 4-1-19 308 M OWTEREY VICTORIA TX 779 04 Principal occupation / Job title (See Instructions) Employer (See Instructions) 50,00 NONE RETIRED BANKER Amount of contribution (\$) Date JOE MIRELES Contributor address; City; State; Zip Code 4-1-19 1605 AVALOW, PORTLAVACA, TX 77979 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE SALESMAN Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_____ SUSAN DELA GARZA Contributor address; City; State; Zip Code 4-2-19 F.O. BOX 182, POINT COMFORT, TX 71978 5:00 Principal occupation / Job title (See Instructions) Employer (See Instructions) TEACHER OUR LABY OF THE CULF CATHOLIC SCHOOL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
LUIS DE LA GARZA	
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
LEA DEERIN WATER 6 Contributor address; City; State; Zip Code	
3-11-19 1210 N. VIRGINIA "II, PORTLAHACA TX 77979	12.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
STORE CLERK BEALL'S	
Date Full name of contributor	1
RUSSELL JAWEK Contributor address; City; State; Zip Code	
3-11-19 480 BAUER RD, PORT LAUACA, TX 77979	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
RETIRED/FARMER NONE	
Date Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)
MARY JANE CAMACNO Contributor address; City; State; Zip Code	
4-1-19 133TANJERINE, PORT LAVACA, TX 97999 Bringling occupation / Johntitle (See Instructions) Employer (See Instructions)	50.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	etions)
LABTECH PORT LAVACA	CLINIC
Date Full name of contributor out-ol-state PAC (ID#:)	· Amount of contribution (\$)
PIPER Summey Contributor address; City; State; Zip Gode	
4-1-19 301 GLENBROOK PORT LAVACATX 77979	25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
OFFICE WORKER	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LUIS DELA GARZA Out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) HUMBERTO DE LA GARTA 6 Contributor address; City; State; Zip Code 4-2-19 3404 WOODAAWN, VICTORIA, TX 77901 50,00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) UNION PACIFIC RAILROAD TRUCK DRIVER out-of-state PAC (ID#:___ Full name of contributor Amount of contribution (\$) Date DEBBIE SUMMEY Contributor address; City; State; Zip Code 4-3-19 301 GLENBROOK, PORT LAVACATX 77979 30,000 Principal occupation / Job title (See Instructions) FORMOSA OFFICE CLERK Amount of contribution (\$) Date ESTHER HILL Contributor address; City; State; Zip Code +-2-19 1400 N. WILLS, ABILENE, TX 79603 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____

SOFIE PENA
Contributor address; City; State; Zip Gode

3019 WESTMORELANNABILENE, TX 79603 | Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) ADAM SALIWAS 6 Contributor address; City; State; Zip Code Y-J-19 8803 CARVEL LANE, HOUSTON, TX 77036 50.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAG (ID#:____ Amount of contribution (\$) Date 4-2-19 612 HALF LEAGUE 4, PORT LAVACA, TX77979 5.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) GAIL PARKER CLERK-SALES Amount of contribution (\$) PAUL BUNNEL Contributor address; City; State; Zip Code 4-3-19 1101 N. BENEVIDES, PORTLAVACA TX 79979 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100.00 MEMORIAL MEDICAL CENTER PHYSICIAN Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:___ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
Luis	DE LA GARZA		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
CORY POWER 7 Contributor address; City; State; Zip Code 3-8-19 2/2 JENNINGS, PORT LAVACA, TX 77979 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer HARDWARE STORE OWNER 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor		8 Amount of 9 In-kind contribution description 18/13 SIGN STAKES Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions) utor's job title (FOR JUDICIAL) (See Instructions)	
		15 Law firm	,
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor) 	Amount of In-kind contribution Contribution \$ description
			Charle if hyand autoids of Taylor Complete Cabadula T
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ULE AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide exp			Citol (Citol d'Outegary International)
1 Total pages Schedule F1:		AME DE LA GARZA			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na				
3-7-19	MEL	GONZALES			
6 Amount (\$)	7 Payee ac	ddress; City; State;	Zip Code		
40.00	724	BROOKHOLLOU	U, POR	T LAVACA,	TX 17979
8	(a) Category	/ (See Categories listed at the top of t	nie echadula)	(b) Description	
PURPOSE	ADVE	RTISING EXPE IASED WIRES	NSE	Check if travel of	outside of Texas. Complete Schedule T.
OF	PURCH	IASED WIRES		Check if Aust	in, TX, officeholder living expense
EXPENDITURE	FOR	POLAD SIGNS			
9 Complete ONLY if direct	Candid	late / Officeholder name		Office sought	Office held
expenditure to benefit C/OF	LUIS	DE LA GARZI	a Por	ET AUTHORI	TY DIST 4
Date	Payee na	ıme			
2 20 10	7115	POOT LANDA	a . Mu		
3-25-19		PORT LAVACI	A WAV		
Amount (\$)	Payee ac	ddress; City; State;	Zip Code		
157.80	107 E	. AUSTINST.	PORT I	LAVACA T	x 77979
		/ (See Categories listed at the top of t		Description	
PURPOSE				Check if travel o	utside of Texas. Complete Schedute T.
OF	ANIE	RTISING EXPEN	105	Check if Austi	n, TX, officeholder living expense
EXPENDITURE	HOVE	CITATIVE CAPER	<i>3C</i>		
	NEWSI	PAPER ADVERT	151NG	**************************************	
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought	Office held
expenditure to benefit C/OF	LUIS	DELAGARZA	PORT	AUTHORIT	14 DIST4
Date	Payee na				
34.0	-				
3-110-19	1.301	MART			
Amount (\$)	Payee ac		Zin Code		
Amount (4)	l ayee a	ourogo, Oity, Ciato,	_ip		
			3 11 A	al TV 7	1488
29,18	,	US. HWY59, U		Y	1488
	Category	(See Categories listed at the top of	this schedule)	Description	
PURPOSE				1 🖂	outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check if Aust	in, TX, officeholder living expense
	ا ا				
INK-PRINTER	S Vale	RTISING EXPE	ENSE		
Complete ONLY if direct expenditure to benefit C/OF	н ,	late / Officeholder name		Office sought	Office held
	LUIS	DELA GARZA			
	AT	TACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Gard Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
a	LUIS DE LA GARZA				
4 Date	5 Payee name				
3-7-19	LUIS DELA GARZA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
	·	0			
5.74.39	101 BLACKSTONE PLC,	PORT LAUACA, TX 77979			
8	(a) Category (See Categories listed at the top of this schedule) SIGNS (YARD)	(b) Description			
PURPOSE	SIGNS CYARDS	Check if travel outside of Texas. Complete Schedule T.			
OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE	(1)				
	ADERTISING EXPENSE				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/O	H LUIS DE LA GARZA PORT	AUTHORITY DISTY			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/O	H				
D-1-	Payee name				
Date	rayeename				
Amount (\$)	Payee address; City; State; Zip Code				
, (4)	, , , , , , , , , , , , , , , , , , , ,				
		0 11			
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE		Chook it rooms (re, oncontract tring expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/O	н	-			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

Event Expense Food/Beverage Expense
Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica						
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME 2 FILER NAME 2 VIS DE LA GIRCA 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 142.70					
5 Date	6 Payee name					
3-20-19	AMAZON					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
61,68	ONLINE PURCHASE					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE	INIC TO PRINT BROCHURES Check If travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Check If Austin, TX, officeholder living expense					
INK	ADVERTISING EXPENSE					
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held					
	LUIS DELAGARZA PORT AUTHORITY DIST4					
Date	Payee name					
3-8-19	WALMART					
Amount (\$)	Payee address; City; State; Zip Code					
72.97	400 TINEY BROWNING BLUB, PORTLAUACA, TX 77979					
TYPE OF EXPENDITURE	Political Non-Political					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE	INK FOR PRINTER Checkiff travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	BROCHURES Check if Austin, TX, officeholder living expense					
INK						
Complete ONLY If direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
LUIS DE LA GARRA PORT AUTHORITY DISTA						
	,					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Revised 9/8/2015						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Gandidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	,						
1 Total pages Schedule F4:	2 FILER NAME LUIS DE LA GARZA	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 Date	6 Payee name							
3'-4-19	WALMART							
7 Amount (\$)	8 Payee address; City; State; Zip Code							
8.05	400 TINEY BROWNING BLUD, PORT A	AVACH, TX 77979						
9 TYPE OF EXPENDITURE	Political Non-Political							
10	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription						
PURPOSE OF EXPENDITURE	PRINT COPIES OF BROCHURES G	neck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense						
COPYPAPER	ADVERTISING EXPENSE							
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held						
	LUIS DELAGARZA PORTAUTHO	RITY DIST4						
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip Code							
TYPE OF EXPENDITURE	Political Non-Political							
	Outogory (one outogoriou into out the top of the outogoriou)	ription heckif travel outside of Texas. Complete Schedule T.						
PURPOSE OF		heck if Austin, TX, officeholder living expense						
EXPENDITURE								
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	Candidate/Officeholder/Politic redit Card Payment	cal Committee	Legal Service			Wages/Contract Labor	Other (enter a cate	gory not listed above)
	redit Caro r ayriicht		The Instru	uction Guide explain	is how to	complete this form.		
1	Total pages Schedule G:	2 FILER N					3 Filer ID (Eth	ics Commission Filers)
		LUI	SDE.	LA GARZA				
4	Date	5 Payee na	me					
	2-18-19	THE.	PORT L	AVACA W	AVE			
6	Amount (\$)	7 Payee ad		City; State; Zip				
	289,50							
	Reimbursement from political contributions		4	- 0			-1000	
	Intended	107 E	. HUST	INST., POI	et L	AVACA, TX (b) Description	11717	
8	PURPOSE	(a) Category	(See Categories	listed at the top of this sci	hedule)	(ide of Texas. Complete Sch	nedute T.
	OF EXPENDITURE		a - a	.0) .1		\blacksquare	TX, officeholder living e	
_			PAPEK date / Officel	ADVERTIS	ING	Office sought		Office held
9	Complete ONLY if direct expenditure to benefit C/C	JH.			0	•		/
		LUIS	DE L	A GARTA	- tok	TAUTHORI	TY DIST.	4
	Date	Payee na	ıme					
	Amount (\$)	Payee ac	idress;	City; State; Zi	p Code			
	Reimbursement from political contributions							
	intended	Cotomon	/One Ontonomia	. Hatad at the top of this co	hodulo)	(b) Description		
	PURPOSE	Category	(266 Catedones	s listed at the top of this so	1160010)		ide of Texas. Complete Sc	hedule T.
	OF EXPENDITURE					Check if Austin,	TX, officeholder living e	expense
	Complete ONLY if direct	Candi	date / Office	holder name		Office sought		Office held
	expenditure to benefit C/0	ОН						
_								
	Date	Payee na	ıme					
	Amount (\$)	Payee a	ddress;	City; State; Zi	p Code			
	Reimbursement from political contributions							
_	intended	Category	/ (See Categorie	s listed at the top of this so	hedule)	(b) Description		
	PURPOSE OF				·	Check if travel outs	side of Texas. Complete So	hedule T.
	EXPENDITURE					Check if Austin,	TX, officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/		date / Office	holder name		Office sought		Office held
=								
		TTA	ACH ADDIT	IONAL COPIES C	FTHIS	SCHEDULE AS NEE	DED	
		* -						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS(MR) FIRST	м _і	OFFICE USE ONLY
	NICKNAME HOCKSTOBE	SUFFIX	Date riccoved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	0	CHTY; STATE; ZIP CODE	
Change of Address	601SEAKISTAR ITA	AVXX 1X 1/1/9	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 935-1572	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	MI	Receipt # Amount \$
NAME	NICKNAME KOGER		Date Processed
	Hochanabér		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	CDI SEAKIST NO. D	PORTLADACA T	x 79979
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36) 935-1570	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01/16/2019	THROUGH 54/	26/2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary O5/CH/2017 General	Runoff Other Description	Portaluthority #4
	, · · · · · · · · · · · · · · · · · · ·	12 OFFICE COLICIES AND	
12 OFFICE	OFFIGE HELD (if any)	13 OFFICE SOUGHT (if known	,
		Colhoun Co. Vorte	authority Pos. #4
	GO ТО	PAGE 2	•

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	A I HAWKAC		COVERT GREET TO 2
14 C/OH NAME)	ENMHOCH		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	·	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPLION TOCACIDED ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI:	AN ZED \$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$565.14
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			perjury, that the accompanying report is
		true and correct and includes all int under Title 15, Election Code.	formation required to be reported by me
ME AND MY	NISE R. STRINGO Notary ID # 10070317 pires March 1, 2023	Roge M J Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM		by the said Roger M. Hochgre	shop (DAS) Nother
Sworn to and subso	cribed before me,	by the said NOGER III. IVO 1916, to certify which, witness my hand and seal of office	•

Printed name of officer administering oath

Title of officer administering oath

Signature of officer administering oats

SUBTOTALS - C/OH

19 FILERNAME 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$565.14
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Ti	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:					
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description				
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description				
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.				
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	aw firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	!					
	,						
if	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction						

Revised 9/8/2015

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES Amount . 9 In-kind contribution Date 6 Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Amount In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor __ out-of-state PAC (ID#:_ Date description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethlics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	e PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; Clty;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	te PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
institution? Y N			Maturity date
	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Co	llateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Employer (Con Instructions)	
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
1f	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS N instruction guide for additional r	EEDED reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Expe Printing Exp Salaries/Wa	oense ages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
ожин один е аунивти		The Instruction Guide expl	ains how to co	mplete this form.	
1 Total pages Schedule F1:	YConc	1 M Acela	Jelle Je		3 Filer ID (Ethics Commission Filers)
4 Date 3-25-2019	5 Payeena	me your Pr	int	y LLC	/
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code	/	
487.13		Wist	3 CALL	LEYAS	7
8	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description	
PURPOSE			1		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Λ.		LI Check if Austin	, TX, officeholder living expense
	adr	vertising	y seuse		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	ŀ	Office sought	Office held
Date	Payee na	me	I State II		
4-1-19	00	e Hard) wa	Samuel Marie Comment	
Amount (\$)	Payee ad	dress; City; State;	Zip Code	****	
3/./1	301	Colhorn	Dogo	a Poss	Survey
	Category	(See Categories listed at the top of the	nis schedule) /	Description	The Court of the C
PURPOSE OF				<u></u>	tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE		Pr		L GRECK II AUSTIN	, i.v., omicerialder hving expense
	(QS)2	vertisin Ex	June	<i>a</i> /	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	<i>s</i>	Office sought	Office held
Date	Payee na	ame	······································		
4-1-2019	Co	e See	Edven		
Amount (\$)	Payee ad	Idress; City; State;	Zip Code	<i>I</i> ~	
46.90		1 andla	~~~ (Done	
	Category	(See Categories listed at the top of the	nis schedule)	Description	
PURPOSE OF					tside of Texas. Complete Schedule T.
EXPENDITURE		A		Check if Austin	, TX, officeholder living expense
	000	etiring Exp	une	garder ^e	
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name /		Office sought	Office held
	TA	TACH ADDITIONAL COPI	ES OF THIS S	SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		se Travel Out Of District s/Contract Labor Other (enter a category not listed above)				
	The Instruction Guide explains how to comp	olete this form.				
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	Political Non-Politica	al				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Politic	al				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.					1 Total pages Schedule F3:			
2	FILER NAMI	≣		3	Filer ID	(Ethics Commission Fil	lers)	
4	Date	5	Name of person from whom investment is purchased	<u> </u>				
		6	Address of person from whom investment is purchased; Cit	 y;			p Code	
		7	Description of investment				3	
		8	Amount of investment (\$)					
	Date		Name of person from whom investment is purchased					
		· Additional of Assessment	Address of person from whom investment is purchased; City	 y;		State; Zi		
			Description of investment					
		A AND A SANONAMON I	Amount of investment (\$)					
			ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS	NEED	ED		
For	rms provided	hv Tex	as Ethics Commission www.ethics.state.tx.us				Revised 9/8/2015	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A \$565.11 5 Date 6 Payee name 7 Amount (\$) SEATIST TYPE OF | | Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

how to complete this form

	The instruction Guide explains now to	o Complete tina form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name /OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/FundraisIng Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District Other (enter a category not listed above)

o.com carde ayom	The Instruction Guide explains how to				
1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1 Date	5 Business name				
3 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit G/G	Candidate / Officeholder name DH	Office sought Office held			
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought Office held			
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:		
2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State;			
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	, , , , , , , , , , , , , , , , , , ,		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	Zip Code		
	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	e; Zip Code		
	Purpose for which amount is received Check in	political contribution	n returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	ction Guide explai	ns how to complete th	is form.	1 Total pages Schedule T:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Name of Contributor /	Corporation or Labo	r Organization / Pledgor	/ Payee	
5 Contribution / Expending Schedule A2	iture reported on: Schedule B	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person 8 Departure city of	n(s) traveling r name of departure loca	tion	
	9 Destination city	or name of destination lo	cation	
10 Means of transportati	on 11 Pu	rpose of travel (including	name of conference,	seminar, or other event)
Name of Contributor /	Corporation or Labo	r Organization / Pledgor	/ Payee	
Contribution / Expend	iture reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F	4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of perso	n(s) traveling		
	Departure city o	or name of departure loca	ition	
	Destination city	or name of destination lo	ocation	
Means of transportat	ion Pu	rpose of travel (including	name of conference,	seminar, or other event)
Name of Contributor	/ Corporation or Labo	or Organization / Pledgor	/ Payee	
Contribution / Expend	liture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F	4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of perso	n(s) traveling		
	Departure city	or name of departure loca	ation	
	Destination city	or name of destination le	ocation	
Means of transportat	tion Po	urpose of travel (including	name of conference,	seminar, or other event)
	ATTAC	I ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" 2 Filer ID (Ethics Commission Filers) C/QH NAME Hochgra BEN I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file Signature of Candidate Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** В. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction Guide explains how to complete this form.		12 menor house
3 CANDIDATE/ OFFICEHOLDER NAME NICKNAME FIRST RANDY NICKNAME LAST	MI 	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; SUID BAY MEADOW PORT LAVACA. T4.	CITY; STATE; ZIP CODE	4-4-19 4:05p.m
5 CANDIDATE/ OFFICEHOLDER PHONE PHONE PHONE PHONE PHONE PHONE NUMBER (361) 970-6568	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN MSLMRS/MR FIRST TREASURER DEBLE NAME LAST	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / S 346 SA4 MEADOW PORT LAVACA. TO		ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER (361) 970.6569	EXTENSION	
9 REPORT TYPE January 15 30th day before July 15 8th day before e	Funcaded #500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD Month Day Year 2 / 15 / 2019	THROUGH 4	Day Year / 4 / 2019
11 ELECTION ELECTION DATE Month Day Year Primary General	Description a) Special	
12 OFFICE OFFICE HELD (If any) CALIADUM PORT AUTHORITY PCT. 4	13 OFFICE SOUGHT (IF know CALHOUN AUTHORITE	Port PCT. 4
GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	PANO	, BO10	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI	INOUT THE CHAPIDATE 2 OF OLLOCOPOR 2
	COMMITTEE TYPE	COMMITTEE NAME	
		NONE	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMINITEL ADDRESS	
	all I	COMMITTEE CAMPAIGN TREASURER NAME	
' Additional Pages	A 1		
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN \$ 0.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 10,748 63
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,748 \$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL LAST E	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$ 0.00
18 AFFIDAVIT			
	PAMELA LUNDIN lotary ID #129446447 ly Commission Expires June 5, 2021	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STA	MP/SEALABOVE		11th
Sworn to and subs	cribed before me	by the said <u>handy h. boyd</u> , to certify which, witness my hand and seal of office	, this the
Pamelake	ındın	Pamela Lundin	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	. \$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS \$
6.	. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON-	FRIBUTIONS \$
8.	. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10,748 4
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: Date ECLIPSE T.ATING & SIGNS ayee address; City; State; Zip Code ECLIPSE TINTING & SIGNS 86 KONRAD RO. Reimbursement from political contributions intended PORT LAUACA. 12. (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF ADVERTISING EXP Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH CALHOND PORT AUTHORITY #4 Pavee name Date 107, E AUSTIN PORT LAVACA. TV. 77979 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. ADVERTITING EXP. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH SAME

EXPENDITURE CATEGORIES FOR BOX 8(a)

___ Check if travel outside of Texas. Complete Schedule T. ADVERTIZING EXP. **EXPENDITURE** Candidate / Officeholder name

Do AD

Category (See Categories listed at the top of this schedule)

PORY LAUACA, TX. 77974

E. ANSTIA

Payee address;

Check if Austin, TX, officeholder living expense Office sought

CALHOUN POR AUTHORITY to

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

City; State; Zip Code

(b) Description

Reimbursement from political contributions ntended

PURPOSE

OF

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidat/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

-	Candidate/Officeholder/Politic		Legal Serv				Nages/Contract Labor	Other (enter a categ	ory not listed above)
C	redit Card Payment		The Inst	truction Guid	ie explains ho	ow to	complete this form.		
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4	Date	5 Payeena					<u> </u>		
	2/18/19	A	<u> </u>	HARD	VARE				
6	Amount (\$)	7 Payee ad	dress:	City; S	itate; Zip Co	ebc			
9	8 35	30	I CAI	LHOUN	PUA	NTA			
	Reimbursement from political contributions intended	Por	ct L	AJAJA,	Tx.	77	479		
8		(a) Category	(See Categor	ies listed at the t	op of this schedu	ile)	(b) Description		
	PURPOSE OF						·	tside of Texas, Complete Sch	
	EXPENDITURE	VANGA	CILIN	6 Ex	P.		Check if Austin	, TX, officeholder living ex	pense
9	Complete ONLY if direct	Candi	date / Offic	eholder nan	ne		Office sought		Office held
	expenditure to benefit C/0	он 🦪			Cul	1	CORT ANTHO	wary by	SAME
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ĺ	Date	Payee na			1		. 1		
	3/4/19	TH	E 1	0 RT	LAVA	C4	LLAVE		
	Amount (\$)	Payee ac	dress;	City; S	State; Zip Co	ode			
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	Reimbursement from political contributions intended	PORT	r LA	VACA,	TX	77	979		
\vdash		Category	(See Categor	ries listed at the	top of this schedu	ule)	(b) Description		
	PURPOSE OF							itside of Texas. Complete Sch	
İ	EXPENDITURE	ADVO	RTIZ	ing 6	EXP		Check if Austir	n, TX, officeholder living e	xpense
H	Complete ONLY If direct	. Çandi	idate / Offic	ceholder nar	me		Office sought		Office held
	expenditure to benefit C/	/OH //	Sy 80		(n) /	Don	Joes Anti	YORITY BY	SAME
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	Date	Payee na	ame	0 -	1		WAVE		
L	3/11/19		<u> </u>	ont			MAVO		
	Amount (\$)	Payee a		_	State; Zip C				
		10.	7 5.	AUST	IN				
	Reimbursement from political contributions intended	Pos	et L	AVACA	1N/ 1/20	7	7979		
		Categor	y (See Catego	ries listed at the	top of this sched	iule)	(b) Description		
	PURPOSE OF	4			e. "			utside of Texas, Complete Sc	
	EXPENDITURE	ADU	KXIIT	1106	EXP		Check if Austi	n, TX, officeholder living a	expense
-	Complete ONLY if direct		lidate / Offi	ceholder na	me		Office sought	s L 1	Office held
	expenditure to benefit C	HON:	80-11	>	(ALHO	an	Port Autho	Red #4	SHNE
F									
		ATT	rach ade	OITIONAL C	OPIES OF	THIS	SCHEDULEASNE	EDED	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: rogan 4 Date 5 Pavee name LAVACA. Tx. 77979 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense ADVERTIZING EXP EXPENDITURE Office held 9 Complete ONLY if direct expenditure to benefit C/OH JANOT BOYA Payee name AUSTIN Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense ADUCKTIZING EXP. **EXPENDITURE** Office held Complete ONLY if direct Calplana long Authorn the expenditure to benefit C/OH VANST BOYD VICTORIA. TX. Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF ADVERTICING EXP. Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Footbar a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment		·
ordan daras ayrılanı	The Instruction Guide explains how to complete this for	m.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 08 4	KAHOY DOYO	
4 Date	5 Payee name	
3/25/19	THE PORT LAVACA WAVE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
#817 12	107 & QUSTIN	
Reimbursement from political contributions intended	PORT LAUACA, Tx. 77979	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	.
PURPOSE OF		el outside of Texas, Complete Schedule T.
EXPENDITURE	DAUGRETIZING EXP Check if AL	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/0	LANDY BOYD CALHOUN FORT A	ANTHORITY SAME
Date :	Payee name	
4/1/19	THE PORT LAVACA WAY	E
Amount (\$)	Payee address; City; State; Zip Code	
\$ 631 3	107 E. AUSTIN	
Reimbursement from political contributions intended	PORT LAVACA, Tx. 77979	
	Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF		vel outside of Texas. Complete Schedule T.
EXPENDITURE	ADJERTICING EXP Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/	OH LANDY 8040 CALHOW PORT AUTO	HOROTY #4 SAME
Date	Payee name	
	-	
Amount (\$)	Payee address; City; State; Zip Code	
Allount (4)		
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF	Check if trav	vel outside of Texas. Complete Schedula T.
EXPENDITURE	Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought OH	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	A MONTHONNE COLLEGE THE COLLEGE THE	
		D t 1 0/0/004/

Invoice

Eclipse Tinting & Signs

P.O. Box 1710 86 Konrad Rd. Port Lavaca, TX 77979 (361) 552-2745 Fax (361) 552-1067

We appreciate your business !!!!!!!

DATE	INVOICE#
2/15/2019	33191

BILL TO

BOYD, RANDY
552-2104
CELL 920-6568

P.O. NO.	TERMS
	Due on receipt

QUANTITY	DESCRIPTION	AMOUNT
	SET UP CHARGE REG \$65.00 *DISCOUNTED* (MINIMUM FEE 25.00)	25.00
20	4X8 ELECTION SIGNS \$200.00 (ELECTION RATES, BULK) \$60.00	1,200.00T
20	PATCHES "CALHOUN PORT AUTHORITY, COMMISSIONER PCT. 4" REG. \$30.00	300.00T
200	DISCOUNTED \$15.00 2X2 (24"X24") REG. \$50.00 (ELECTION RATES, BULK) \$9.50	1,900.00T
108	PATCHES "CALHOUN PORT AUTHORITY, COMMISSIONER PCT. \$3.50	378.00T
200	STEP STAKES 200	200.00T
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		Cash
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Total

\$3,331.19

THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88
Port Lavaca, Texas 77979-0088
(361) 552-9788

THANK YOU FOR SHOPPING AT
15521-ACE HARDWARE-B
301 CALHOUN PLAZA
PORT LAVACA, TX 77979
FACEBOOK @PORTLAVACAACE
(361) 552-1918

BEACHY-KEEN SHARPENING SERVICE IS AVAILABLE HERE! CHECK IT OUT!!!!

RETURNS WITHOUT RECEIPT, OVER \$100, OR
OVER 300AYS WILL RECEIVE INSTORECREDIT
02/18/19 4:57PM ALEGNARD 583 SALE
30014062 1 EA 7.69 EA
ZIPTIE 11.8" 50# STD NAT 100P 7.69

7.69 TAX: \$
TOTAL: \$
10.00 CHANGE:

.63 8,32 1.68

==>> JRNL#I65529 CUST NO:*6 Custamer Copy

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RETURNS MUST BE IN RESELLABLE NDITION WITH RECEIPT AND WITHIN 30 DAYS

THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88
Port Lavaca, Texas 77979-0088
(361) 552-9788

	Rec'd.	All claims a			Sold By	Address	Customer Sold to
	3	All claims and returned goods MUST be accompanied by this bill.		1-109	Sold By Cash Co.D. Charge On Acc. Ref. Ref.d. Paid Out	Rand	Customer's Order No. Sold to 10 12 2 3
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THE PORT LAYAGA WAVE 107 E. Austin • P.O. Box 88

107 E. Austin • P.O. Box 88
Port Lavaca, Texas 77979-0088
(361) 552-9788

THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88 Port Lavaca, Texas 77979-0088 (361) 552-9788

Sold by Cash C.O.D. Charge On Acct. Holder Paid Out. Sold by Cash C.O.D. Charge On Acct. Holder Paid Out. All calms and returned good MUST be accompanied by the Sol. Pact. By Total Must be accompanied by the Sol. By Total Must be accompanied by the Sol.	Address Add
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1//9 RETURNS WITHOUT I	Sold to
	Sustomer's Order No. Date 3-17-9

THANK YOU FOR SHOPPING AT ACE

15521-ACE HARDWARE-B.
301 CALHOUN PLAZA
301 CALHOUN PLAZA
PORT LAVACA, TX 77979
FACEBOOK @PORTLAVACAACE
FACEBOOK @PORTLAVACAACE
(361) 552-1918

BEACHY-KEEN SHARPENING SERVICE
AVAILABLE HERE! CHECK IT OUT!!!!

RETURNS MITHOUT RECEIPT, OVER \$100. OR
OVER 30DAYS WILL RECEIVE INSTOREGRED!!

OVER 30DAYS WILL RECEIPT, OVER \$100..UK

OVER 30DAYS WILL RECEIVE INSTORECREDIT

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O3/15/19 10:03AM BEATRICE 583 SALE

O4.99 EA

Y020610

1 EA

9.99 EA

Y172 ZX6X10 BOARD

YLT2 ZX6X10 BOARD

LUMBER AND BAG GOODS ARE

BON-ZETURNABLE, PLEASE MAKE

YOU ARE PURCHASING THE RIGHT
MATERIALS FOR YOUR JOB.

SUB-IOTAL:\$.82

TOTAL:\$ 10.81

CASH TEND: 20.00 CHANGE: 9.19

STATE OF THE STATE

CUST NO:*5200 ACE REWARDS ID # 19071365893

Customer Copy

RETURNS MUST BE IN RESELLABLE NDIY ...!
WITH RECEIPT AND WITHIN 30 DAYS

trans GP62

THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88 Port Lavaca, Texas 77979-0088 (361) 552-9788

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Office DEPOT

VICTORIA - (361) 572-8999 03/24/2019 2:12 PM



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RLB CONTRACTING INC 1430129773
Congratulations! You've reached VIP
Rewards status. You'll now get 5% back
in rewards on ink, toner, paper, and
print/copy/ship services, plus a
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THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88 Port Lavaca, Texas 77979-0088 (361) 552-9788

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THE PORT LAWAGA WAVE 107 E. Austin • RO. Box 88 Port Lavaca, Texas 77979-0088 (361) 552-9788

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR) FIRST Dell MI R WOATHRESDA NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 2 / /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 126 Chry Chase PORT HAVACY TOXAS 77979 AREA CODE PHONE NUMBER EXTENSION (36() 9207118	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST MI PAMIS / A NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 126 Chay Chase Port havaca, Texas ?;	2IP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (36/) 5527((8					
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month 2 / 13 / 9 THROUGH 4 /	Day Year / 2019				
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special					
12 OFFICE	Calhour Post Authority Calhours Commissional Pct. 2 Commission	Port Authority				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	1 R. C	Do 4 Thorsby	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION AND ALL OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINDERS. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
Additional Pages					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL I UNLESS	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ //8025		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	BAY \$ 819,75		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	1 \$ 000		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
- digitative of Cantilidate of Cinceriolder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said DCL R WCAHUSDO, this the day of April , 20 19, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Notice Administering oath Notice Administering oath Notice Administering oath Notice Administering oath					

SUBTOTALS - C/OH

19 FILERNAME Della, Weathersey 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ } OOO
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 118 025
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:					
2 FILER NAM	IE.		3 Filer ID (Ethics Commission Filers)					
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$					
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description					
	7 Contributor address; City; State; Zip Coo		Check if travel outside of Texas. Complete Schedule T.					
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of . In-kind contribution Contribution \$. description					
	Contributor address; City; State; Zip Co	de						
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
			•					
1f	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

PLED:	GED CONTRIBUTIONS			SCHEDULE B		
17	he Instruction Guide explains how to complete this i	form.	1 Total pages Sched	fule B:		
2 FILER NAM	E	W-1000000	3 Filer ID (Ethics C	Commission Filers)		
4 TOTAL O	PF UNITEMIZED PLEDGES		\$			
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$. 9 In-kind contribution description		
	7 Pledgor address; City; State; Zip	Code				
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	l	: ide of Texas. Complete Schedule T		
TO THIOIPER CO.	subation / non-title (See monotions)	II Employer (Gee	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip			· · · · · · · · · · · · · · · · · · ·		
			Gheck if travel outs	ide of Texas. Complete Schedule T.		
Principal occi	upation / Job title (See Instructions)	Employer (See		-		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip	Code		·		
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (See Instructions)	Employer (See	l			
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip	Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occu	upation / Job title (See Instructions)	Employer (See		de of fonder complete contents		
	ATTACH ADDITIONAL COPIES OF T					
If	contributor is out-of-state PAC, please see instruc	tion guide for ac	dditional reporting i	requirements.		

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	R. Wenthorsb		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS	J	\$ NA Du
5 Date of loan	7 Name of lender	e PAC (ID#:)	9 Loan Amount (\$)
2/25/19	Dall. R. Wen	thorsty	2000
6 Is lender address; City; State; Zip Code Institution? 8 Lender address; City; State; Zip Code Che vy Chasic			10 Interest rate
Y (N)	Post LAVACIA	7044577970	11 машну оде
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	<u></u>
14 Description of Coll	lateral	15 Check if personal funds were	deposited into political
none		account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	_	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	9 PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	•	State; Zip Code	
Principal Occupation	lion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political		ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer
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Date 3/1/2/5	5 Payee name Eclipal Tinting +	Sisws
Amount (\$)	7 Payee address; City; State; Zip Code	
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3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Advorting Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	mari in on a promise	Check if Austin, TX, officeholder living expense
EXPENDITORE	(Signs)	SigNS
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	NA	
Date	Payee name	
2/1/19	FASTONA	
Amount (\$)	Payee address; City; State; Zip Code	
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7 LS	PACT LAVACA	Les 19919
- V	Category (See Categories listed at the top of this schedule)	Description
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oł		
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Amount (\$)		model to
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		Description
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OF EXPENDITURE	Advortising sypine	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 12 / R. WOATHOR	3 Filer ID (Ethics Commission Filers)		
4 Date 3/26/19	5 Payee name Cod Add			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
21,34	Whith Godsday.	Con		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advortizing	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advot 100	Check if Austin, TX, officeholder living expense		
		wobsyty		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Amount (\$)	, ayou addison, stay, state, say,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Gandidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OI	H			
Date	Payee name			
A	Davida address City Chata Zin Code			
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
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EXPENDITURE				
O-malata ONUVII dimini	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OI				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
	ALIAMIADDISIONAL OOF ILO OF THIS			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

	Candidate/Officeholder/Political	Committee Legal Services Salanes/Wages/C The Instruction Guide explains how to complete				
1	Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATIONS	\$			
5	Date	6 Payee name				
7	Amount (\$)	8 Payee address; City; State; Zip Code				
9	TYPE OF EXPENDITURE	Political Non-Political				
10		(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Check If Austin, TX, officeholder living expense			
11	Complete ONLY if direct expenditure to benefit C/O		sought Office held			
	Date	Payee name				
	Amount (\$)	Payee address; City; State; Zip Code				
	TYPE OF EXPENDITURE	Political Non-Politica				
		Category (See Categories listed at the top of this schedule)	Description			
	PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	OF EXPENDITURE		Check it Austri, 1A, unicendider away expense			
	Complete ONLY if direct expenditure to benefit C/O	=	sought Office held			
F						
		ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 1	1 Total pages Schedule F3:		
2 FILER NAME		3 F	iler ID	(Ethics Commission	Filers)
4 Date	5 Name of person from whom investment is purchased	L			
	6 Address of person from whom investment is purchased; Cit	 sy;			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; Cit	 ty;		State;	Zip Code
	Description of investment		, 1111		
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS	NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date City; State; Zip Code 8 Pavee address; 7 Amount (\$) 9 TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Complete.		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
political contributions intended PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name C/OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule H:	2 FILER NAME	3 Fi	ler ID (Ethics Commission Filers)
Date	5 Business name		
Amount (\$)	7 Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description Check if travel outside of Texas Check if Austin, TX, officel	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip C	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Ule) Description Gheck if travel outside of Texa Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to comp	olete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

Т	he Instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:
2 FILER NAM	1E	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State		•
	7 Purpose for which amount is received Check i	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received	if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruc	tion Guide explains	how to complete thi	s form.	1 Total pages Schedule T:		
2 FILER NAME 3 Filer ID (Ethics Commission Filers)			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / C	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditu	· · · · · · · · · · · · · · · · · · ·					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or n	ame of departure locat	on			
	9 Destination city or	name of destination lo	eation			
10 Means of transportatio	n 11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor /	Corporation or Labor (Organization / Pledgor /	Payee			
Contribution / Expendit	ture reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
			Schedule H	Schedule COH-UC Schedule B-SS		
Schedule F2 Schedule F4 Schedule G Gorication G Gorication						
Dates of travel	Dates of travel Name of person(s) traveling					
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Departure city or name of departure location					
	Destination city o	r name of destination lo	cation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				seminar, or other event)		
Name of Contributor /	Corporation or Labor	Organization / Pledgor	/ Payee			
Contribution / Expend	iture reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling					
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete only if "Report Type" on page 1 is ma	lete this form. Irked "Final Report" ••	
1 C/OHNAME 2 Filer ID (Ethics Commis			2 Filer ID (Ethics Commission Filers)	
3	SIGNATURE			
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that desi ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any cam contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
			Signature of Candidate / Officeholder	
4	FILER'	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Check	conly one:		
		I do not have unexpended contributions or unexpended interest or incon	ne earned from political contributions.	
		I have unexpended contributions or unexpended interest or income ear may not convert unexpended political contributions or unexpended interest or unexpended into personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions in accordance with the requirement.	erest or income earned on political contributions to inexpended contributions and that I may not retain political contributions longer than six years after filing ed political contributions and unexpended interest or	
	B.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest o	r other income from political contributions.	
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
		-	Signature of Candidate	
 -	OFFIC	EHOLDER nplete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an official. I am also aware that I will be required to file reports of unexpended confficeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	olitical contributions, or assets purchased with politi-	
			Signature of Officeholder	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		Ž
CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST PAUL. NICKNAME LAST	MI D suffix	OFFICE USE ONLY Date Received
	LAUTER	RBACH	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	7.0. BOX 532	Point TX Comfort 77978	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 212 1567	EXTENSION	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR) FIRST	NI NI	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
		RBACH	ZID CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P.O. Box 532	uite #; Paint TX	77978
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 212-156	EXTENSION D	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before et	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2.019	THROUGH 03	Dang/ Year 2019 29
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019 Seneral	Description	E
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	7 #4 Calhour + Authority Boo
		PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	PAUL	D. LAUTERBACH	ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	\mathcal{N}/\mathcal{A}			
	SPECIFIC	COMMITTEE ADDRESS			
	□ SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	- TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN			
TOTALS	1. TOTAL PLEDG	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	E 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 24-31				
	4. TOTAL POLITICAL EXPENDITURES \$ 24-34				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST E	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ 0-00		
18 AFFIDAVIT		l swear, or affirm, under penalty of perjury, true and correct and includes all informatic	that the accompanying report is		
SINW BULL	THU-TUYET NGUYEN	under Title 15 Flootien Code	off required to se reported by me		
1 912.50 A 395	y Notary ID # 1311227 Expires May 10, 2021		L L		
		Signature of Candidate	or Officeholder		
AFEIY MOTABY STA	MP/SEALABOVE	(9	•		
Sworn to and subscribed before me, by the said Paul D. Lauterbach, this the 29					
day of March	<u> </u>	, to certify which, witness my hand and seal of office.	!		
Chull	Maryler	1 Thu Tuyet Nguyen Memi	nev Serv. Pep.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					